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ABSTRACT

The Kelsey Special Care Aide inservice program is designed to educate special care aides in the skills and knowledge necessary to serve the residents of long-term care facilities. The Kelsey Institute evaluated its inservice program by administering a questionnaire to 41 aides from 8 institutions who graduated from the program and 45 aides from 8 institutions (randomly selected from throughout the province of Saskatchewan) who did not participate in the inservice program. The questionnaire assessed knowledge of course content and attitudes toward the care teams in which aides work and the elderly persons for whom they care. The responses to the questionnaire indicated that program graduates are more knowledgeable about the aging process, personal care skills, and the philosophy of long-term care. Program graduates were also more satisfied with the care teams in which they work. No significant differences between the two groups' attitudes toward aging were found, however. The following areas in need of improvement were also noted: inclusion of greater detail in some modules, greater emphasis on group learning and long-term care philosophy, development of material highlighting the need for positive feedback, consideration of possible ways to assist program implementers in the initial stages of the program, and development of a formalized method by which care teams could review and evaluate their own performance. The Special Care Aide Program Evaluation Questionnaire is appended. (MN)

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EVALUATION OF KELSEY INSTITUTE'S SPECIAL CARE AIDE PROGRAM

FINAL REPORT

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FINAL REPORT

The evaluation of the Special Care Aide in-service training program of Kelsey Institute, was conducted September to May 1985/86, by Rod Skinkle with the valuable assistance and cooperation of the Home Care/Special Care Aide program of Kelsey Institute and under the supervision of Professor Peter Grant of the University of Saskatchewan, Dept. of Psychology.

The following report consists of an executive summary, a brief introduction to the background and purpose of the study, description of the procedures employed, a presentation of the results and a discussion.

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Executive Summary

The Kelsey Special Care Aide in-service program is designed to educate special care aides in the skills and knowledge necessary to provide quality care for the residents of long-term care facilities. The evaluation of the Kelsey program employed the following strategy. A questionnaire was designed to assess the aides knowledge of course content, attitudes towards the care teams in which they work and their attitudes towards the elderly. This questionnaire was administered to 41 aides from 8 institutions who have graduated the program and 45 aides from 8 institutions who did not have the Kelsey program. Institutions were randomly selected from throughout the province and represent both urban and rural communities.

In addition, comments and opinions from a number of representatives of institutions who have experience implementing the Kelsey program were collected.

Results of the study indicate that aides who have graduated from the Kelsey program are more knowledgeable about the aging process, personal care skills and the philosophy of long-term care. Program graduates are also more satisfied with the care teams in which they work. However, there was no significant differences between groups on attitudes towards the elderly. The results remain unchanged when the aide's age, years of experience and education were held constant in the analysis. Also according to the comments collected from institutional representatives, aides enjoy taking the course, the institutions benefit and the quality of care provided improves as does the amount and quality of communication between care team members and leaders.

A number of program components which might be improved were identified and resulted in the following recommendations:

1) Greater detail in some modules, 2) Greater emphasis on group learning, 3) Greater emphasis on the long-term care philosophy, 4) Development of material which highlights the need for positive feedback, in the two day workshop component of the program, 5) Consideration of possible ways to assist program implementors in the initial stages of the program, and 6) Development of a formalized method by which care teams could review and evaluate their own functioning.

INTRODUCTION AND BACKGROUND

The Home Care/Special Care program of Kelsey Institute provides a special care aide in-service training program. The program consists of an instructional package which is purchased by institutions that are interested in providing the course for their aides.

Kelsey provides a two day workshop to train person(s) who will be responsible for implementing the program. Typically, it is the resident director of nursing and/or inservice educators who are responsible for implementing the course and evaluating the aide's progress. Students of the program are special care aides who are employed by a long term care institution. The instructional package consists of forty core modules, each module covers a particular subject. Examples of subjects are: Transfer techniques, Communication techniques, Handwashing techniques and Emotional and spiritual needs of elderly residents.

Students are given one module at a time and complete the module at their own speed. Most learning takes place on the students own time, although Kelsey encourages group learning. The forty core modules represent that part of the program which must be completed satisfactorily (according to Kelsey guidelines) in order to earn the certificate. It usually takes between six months and one and half years to complete the program. Kelsey has set five years as the maximum allowable time span to complete the course.

The overall goal of the Kelsey program is to educate special care aides in the special skills and knowledge necessary to provide quality care for the residents of long term care facilities. Within this general goal four specific goals can be identified. Namely, to educate special care aides in:

1. Knowledge of the aging process and personal care skills.
2. The goals and philosophy of long term care.
3. The care team approach to personal care.
   and
4. It is hoped that this training will lead to positive and less stereotypic attitudes towards the elderly.

To meet the goal of evaluating the Kelsey program, the following strategy was employed. A questionnaire designed to tap the four categories outlined above was developed. The questionnaire was then administered to a group of aides who had completed the program and a group who had no exposure to the program (non-participants). In addition to this, qualitative information was collected through interviews with persons responsible for implementing the program in several institutions.

Thus, the essential premise of the evaluation is that those aides who have graduated from the Kelsey program should perform better on a paper and pencil test of the knowledge and skills taught in the program, than aides working in similar environments who have not taken the Kelsey program.

In addition to the test of knowledge, it was decided to include two attitudinal measures in the evaluation questionnaire.

The selection of and rationale behind the attitude measures is described in the following section, "Questionnaire Design".

Finally, it is important that the reader understand the dual purpose of the evaluation.The evaluation is an impact assessment designed to test the essential premise outlined above. However, the evaluation is also designed to provide program supervisors with feedback regarding the impact of specific program components. In this regard it is hoped that the qualitative data will serve as a particularly useful supplement to the quantitative data analysis. Thus, program implementors who have direct knowledge of the aide's interaction with residents before, during and after the intervention of the Kelsey program were asked if the findings of this study concur with their own experience.

QUESTIONNAIRE DESIGN

The questionnaire which was designed to tap the four basic goals of the Kelsey program is divided into three sections. The method of development and rationale behind each section will be discussed in order.

Section 1

The design of the questionnaire reflects the four basic goals of the Kelsey program. The first section of the test, items 1-34, represent the knowledge of course content. This section of the questionnaire was designed to test the first 2 goals of the Kelsey program, this is 1)knowledge of the aging process, plus personal care skills and 2)knowledge related to the philosophy of long term care. The items were designed in consultation with Kelsey program supervisors, each item refers to a specific bit of knowledge covered in the 40 core models. It should be noted that personal care skills is a broad topic which deals with many factors. These include not only physical care related skills but also such topics as the emotional and social needs of the resident, legal rights and the use of mobility aids. (See Appendix A Quest. 1-34).

Section 2

The second section of the questionnaire, items 35-46 (12 items), concern the third goal of the Kelsey program, that is "the care team approach to personal care". The program covers the nature and goals of the care team approach to resident care. The goals are ultimately to improve the quality of care the resident receives and to teach the concept that the sharing of observations, concerns and care plans results in increased job satisfaction for the aides. Since it was not feasible to evaluate the quality of care the resident receives, it was decided instead to assess whether or not program graduates were indeed more satisfied with their work environment.

Thus a set of items were selected from a text by Francis, D. and Young, D.[1] These items were arbitrarily selected from an entire set of questions because they tapped dimensions of team functioning which are taught in the care team approach

component of the program, as defined by supervisors of the program. It should be noted that the authors of these questions designed them as a tool for assessing the relative health of teams. And as such the questions are not part of an existing measure with a known reliability and validity. (See Appendix A, items 35-46).

Section 3

The third section, items 47-62, is meant to tap the final goal of the Kelsey program, which is that program graduates will have more positive attitudes towards the elderly. These items were taken from an established measuring instrument.[2] Many of the items were deemed not relevant to the special care aide setting and were therefore not included. Since the attitudinal measure was not employed in its entirety, (16 of 34 items were used), the established reliability and validity estimates do not apply. Nevertheless, it was decided that a selection of questions from this established questionnaire would yield a more reliable measure than would construction of entirely new and untested items. (See Appendix A, items 47-62).

The remainder of the questions, items 63-69 are the demographic information.

Note: The interested reader is directed to appendix C for description of the questionnaire development phase of the evaluation. This section describes the pilot testing and the criteria used to revise the questionnaire.

EVALUATION METHODOLOGY

This section describes the target population, the evaluation design and response rates achieved.

Target Population

With the overall general goal of achieving an unbiased and representative sample of the target population, the evaluation was designed to meet the following criteria:

1. To include and test separately both rural and urban samples.
2. To include as many institutions as practically feasible.
3. To include the entire province of Saskatchewan in the study.

The target population consists of 140 institutions in the province of Saskatchewan. Of these 92 have already participated in the Kelsey program while the remaining 48 had no exposure to the program at the time of testing.

A special note on the target population:

It should be noted that supervisors of the Kelsey program expressed concern that some of the 92 institutions who had implemented the program may have failed to meet the standards as outlined by the program. In other words, since the program is in fact in-service, the quality with which the program is implemented varies from institution to institution. The question then becomes, is it fair to include aides from institutions which did not implement the program adequately? In order to address this issue it was necessary to have some idea how many, if any, of the 92 participating institutions had implemented the program inadequately.

To meet this objective the following procedure was employed: First, program supervisors came up with a list of activities which they considered necessary for an institution to implement the program adequately. Second, program supervisors defined the degree of implementation for each of the activities on the list which could be considered minimally acceptable. And third, the list of criteria was drawn up (see appendix B) and each of the 92 participating institutions was polled by telephone and their score on each of the activities was recorded. A total score of 5 on the first 5 items and a response of yes on the 6th item was considered to be the minimally acceptable score.

The essential rationale underlying this phase of the evaluation is as follows. If an institution failed to meet these minimally acceptable standards they had in fact not implemented the program as it was designed. Therefore it would not be reasonable to include the test scores of aides from institutions which had not implemented the program adequately. Based on this rationale, it was decided to remove the names of institutions failing to meet the criteria from the target population.

Interestingly, results of the polling indicated that none of the 92 participating institutions failed to meet minimally acceptable standards. It was therefore unnecessary to reduce the size of the target population.

Evaluation Design

The evaluation design is depicted below. Included in the study were 16 institutions whose names were randomly selected from the population of 140 in the province. Eight of these institutions were rural and eight were urban. Within each rural and urban sample, four had used Kelsey's in-service training program and four had not. Each of the 16 selected institutions was contacted by Kelsey Institute and asked to cooperate in the study. Specifically, they were asked to provide 6 of their aides to complete the questionnaire within the institution and under the supervision of Kelsey staff. Aides from the institutions which had provided the Kelsey program were all graduates of the program.

Table I

	Graduates	Non-participants	Total
Rural	n=24	n=22	46
Urban	n=17	n=23	40
Total	41	45	86

Response Rates

The institutional response rate was excellent with only one institution refusing to participate, for which a replacement was randomly selected. Note, the institution which refused was a non-participant (had not implemented the Kelsey program).

The Special Care Aide response rate was also good. The (n) in each cell indicates the number of aides who were actually tested for each group. Non-participants means those aides have not taken the Kelsey program. Thus, in the upper right hand cell, 22 aides who had no exposure to the program and were from four separate rural institutions were included in the evaluation. Since each cell includes aides from four institutions and each institution was asked to provide six aides there could have been an n of 24 in each cell. As table one indicates 3 of 4 cells have less than 24 aides. This was due to the fact that some aides were sick or late coming in the day of testing. Only the graduates from urban institutions represents a substantial decrease and the seven aides who were absent from this group were spread out more or less evenly across the four institutions. There is no reason to suspect that the "no-shows" were in any important ways different from those who did show, and hence do not represent a threat to the generalizability of the results.

RESULTS

We will report first the overall results of the Analysis of Variance Statistical Test for sections 1,2, and 3 of the questionnaire. These results will be examined in greater detail in the discussion. The second section of the results labelled "Frequencies", reports on the percentage of respondents (graduates and non-particpants) who responded correctly for selected groups of items. A brief explanation precedes each group of frequency results. These are numerous and straight forward and therefore only the most significant frequencies will be considered in the discussion.

The third section of the results labelled "Qualitative Data" reports the findings of the interviews with three representatives of institutions who were responsible for overseeing the implementation of the Kelsey program within their respective institutions. These results will be considered, where appropriate, in the discussion.

The final section of the results reports on the descriptive characteristics of the population.

Section 1 -Analysis of Variance Results

1. On knowledge of Personal Care Skills: the average score of participants is significantly higher than non-participants.
   Average score Participants 25 (74%)
   Average score Non-participants 22 (65%)

2. On attitudes towards the care team in which they work: the average score of participants is sigificantly higher than non-participants.
   Average score Participants 10 (83%)
   Average score Non-participants 7.5% (62%)

3. On attitudes toward the elderly: there was no significant difference between any of the groups. In general Aides' attitudes toward older people were very positive (average score of 49 out of a possible total score of 64).

In the areas where significant differences were found, the difference between groups was highly significant. The probability of such a difference occurring by chance is 1 in 1000 ($p < .001$). This difference remains unchanged even when the influence of the Aide's age, years of experience, and education is held constant.

Note: Although the results remain unchanged, the Analysis of Variance procedure indicated that there may be a slight relationship between the Aide's level of education, experience and their test scores. In order to check this possibility a correlational analysis was conducted.
The results indicated only one significant correlation, which was between education and knowledge of course content but only in the non-participant group. In other words, for the non-participant group, those aides with more education were likely to score higher on this section of the questionnaire.

Also, noteworthy is the finding that there were no significant differences between the rural and urban groups on any of the 3 areas tested.

Section 2 - Frequencies Results

The first section of the questionnaire, sub-section A, contains eight items. The first 5 items refer to knowledge of the residents social and emotional needs, the remaining 3 refer to aides knowledge of personal care skills specific to using care plans.

Sub-section A (1-5)

	Items 1-5	Graduates	Non-participants
Social and Emotional Needs	Average	76.1%	73.78%

This means that averaged across the first 5 items, the percentage of program graduate aides who responded correctly was 76.1 vs 73.78 for non-participants.

Note: Item number 4 presented the most difficulty for both groups, however, more than twice as many graduates responded correctly (34.1% VS 15.6%).

Sub-section A (6-8)

	Items 6-8	Graduates	Non-participants
Resident Care Plans	Average	78%	62.2%

Note: Item number 6 presented the most difficulty for both groups, particularly non-participants.
Graduate 63.4% vs Non-participants 24.4%

Sub-section B (9-11)

	Items 9-11	Graduates	Non-participants
Handwashing Techniques	Average	77.2%	63.7%

Note: Items number 9 and 10 presented the most difficulty particularly for non-participants.

	Graduates	Non-participants
Item 9	70.7%	44.4%
Item 10	70.7%	55.6%

Sub-section C (12-14)

	Items 12-14	Graduates	Non-participants
Transfer Techniques	Average	79.6%	71.86%

Note: Item number 13 presented the most difficulty for both groups. Interestingly, non-participants performed slightly better than graduates. Graduates- 63.4% non-part.- 68.9%

Sub-section D (15-17)

	Items 15-17	Graduates	Non-participants
Medical Abbreviations	Average	85.3%	78.5%

Sub-section E (18-24)

	Items 18-24	Graduates	Non-participants
Knowledge of the Aging Process	Average	71.77%	59%

Note: Item number 19 presented the most difficulty for both groups, interestingly, only 22% of both groups responded correctly to this item.

Item number 21 was the only other extreme value, it presented difficulty only for non-participants.

Graduates	Non-participants
87.8%	35.6%

Sub-section F (25-27)

	Items 25-27	Graduates	Non-participants
Long Term Care Philosophy	Average	52.0%	47.0%

Note: Since scores were particularly low for this section it is worthwhile to look at scores for each item individually.

Item	Graduates	Non-participants
25	24.4%	13.3%
26	61.0%	55.6%
27	70.7%	73.3%

Sub-section G (28-34)

Each of these 7 items describes a specific situation which aides may typically run across in their working environment. The items cover topics ranging from knowledge of appropriate communication channels to knowledge of emotional needs. Percentage correct is reported for each item separately.

Items	Graduates	Non-participants
28	92.7%	51/0%
29	51.2%	26.7%
30	100.0%	86.7%
31	56.1%	40.0%
32	63.4%	75.6%
33	87.8%	73.3%
34	82.9%	82.2%

This completes the frequency data for the first section, items 1 through 34, which measure knowledge of course content. Tables 2 and 3 below demonstrate the overall frequency distribution of scores for items 1-34.

TABLE 2

Percentage of program graduates who scored :

Value	Frequency	Percent	Cum Percent
11	1	2.4	2.4
17	1	2.4	4.9
20	1	2.4	7.3
21	3	7.3	14.6
22	1	2.4	17.1
23	4	9.8	26.8
24	6	14.6	41.5
25	1	2.4	43.9
26	4	9.8	53.7
27	6	14.6	68.3
28	6	14.6	82.9
29	4	9.8	92.7
31	2	4.9	97.6
32	1	2.4	100.0
Total	41	100.0	100.0

Missing cases 0

TABLE 3

Percentage of Non-Participants who scored :

Value	Frequency	Percent	Cum Percent
15	1	2.2	2.2
16	1	2.2	4.4
17	2	4.4	8.9
18	1	2.2	11.1
19	3	6.7	17.8
20	6	13.3	31.1
21	10	22.2	53.3
22	3	6.7	60.0
23	3	6.7	66.7
24	6	13.3	80.0
25	3	6.7	86.7
26	3	6.7	93.3
27	2	4.4	97.8
29	1	2.2	100.0
Total	45	100.0	100.0

Missing cases 0

Sub-section H
Note: Section H contains 12 items, these questions concern the aides attitudes towards the care team in which they work. Frequencies for each item are reported separately. Values reported here indicate the percentage of aides who responded positively to each item (see appendix A, items 35-46)

Sub-section H

	Items 35-46	Graduates	Non-participants
Attitudes towards Care Team	35	85.4%	77.8%
	36	87.8%	53.8%
	37	92.7%	77.8%
	38	48.8%	33.3%
	39	95.1%	66.7%
	40	82.9%	44.4%
	41	78.0%	66.7%
	42	65.9%	37.8%
	43	100.0%	86.7%
	44	92.7%	71.7%
	45	82.9%	46.7%
	46	87.8%	80.0%
	Average	83.33%	61.9%

Note: One of the more significant findings of this section is the response to item number 38, " I am given positive feedback on my performance as an aide at least once every two weeks." Only 48% of graduates agree with this statement and only 33.3% of non-participants agree.

Tables 4 and 5 below demonstrate the overall frequency distributions of scores for the aides attitudes towards the care teams in which they work.

TABLE 4

Percentage of program graduates who scored:	Value	Frequency	Percent	Cum Percent
	6	3	7.3	7.3
	7	2	4.9	12.2
	8	5	12.2	24.4
	9	3	7.3	31.7
	10	3	7.3	39.0
	11	19	46.3	85.4
	12	6	14.6	100.0

TABLE 5

Percentage of Non-Participants who scored:	Value	Frequency	Percent	Cum Percent
	1	1	2.2	2.2
	2	3	6.7	8.9
	3	2	4.4	13.3
	4	3	6.7	20.0
	5	4	8.9	28.9
	6	4	8.9	37.8
	7	6	13.3	51.8
	8	2	4.4	55.6
	9	4	8.9	64.4
	10	8	17.8	82.2
	11	5	11.1	93.3
	12	3	6.7	100.0
	Total	45	100.0	100.0

Sub-section I (47-62)

Section I of the questionnaire contains 16 items, which constitute the attitudes towards the elderly measure. As there was no significant difference between graduates and non-participants in this section, frequencies would be of little practical value and are therefore not included.

Note: A reliability analysis of these 16 items resulted in a reliability coefficient of .67

The reliability coefficient is an estimate of the extent to which a set of scores contain random error. Or another way to view the reliability estimate is, as an estimate of the test internal consistency - do the items reflect or measure the same concept.

The significance of a reliability coefficient of .67 will be discussed further in the discussion.

Section 3 Qualitative Data Analysis Results

The qualitative data consists of the responses collected during interviews with three individuals who have experience implementing the Kelsey program. These individuals were not randomly selected, rather an attempt was made to select individuals from institutions which would provide a cross-section of institutions in the province. Therefore one interviewee was from a medium sized urban institution, another from a medium sized rural institution and the third from a smaller urban institution.

A list of eight questions was prepared, each question was asked with exactly the same lead-in and by the same interviewer. The responses are summarized below.

1) Length of time overseeing the Kelsey program:
   Respondents averaged 2.33 years experience.

2) Respondents were asked if the results of this study concur with their own experience. This question refers to the results from section 1.

   3 of 3 respondents indicated that the results did agree with their experience.
   Note: Regarding the third result, that we found no significant difference between groups on attitudes towards the elderly. All three respondents stated that most of their aides have positive attitudes even before they take the program, hence they were not suprised by this finding.

3) Respondents were asked what, if any changes they have noticed in the aides interaction with residents which they felt was attributable to having taken the Kelsey program.

Note: The responses to questions 3,4,5,and 6 were numerous and varied, therefore only the most frequently sited comments are reported.

- aides are more frequently noting and reporting changes in residents physical and mental health status.

- aides are better informed regarding appropriate lines of communication.

- aides have acquired a more wholistic approach to providing care.

- aides had acquired a better understanding of the need for and potential benefits of the care teams.

4) Respondents were asked what, if any changes, they would like to see made in the program.

- greater detail in some modules.

- less repetition of concepts throughout the forty core modules.
  Note: regarding this comment, it should be noted that, while all three respondents commented on the repetition one of the three respondents felt that the benefits of repetition outweighed the inconvenience. The remaining two acknowledge these benefits, but nevertheless felt that it was overdone in some modules, particularly regarding handwashing.

- evaluation procedures need some revision because evaluations which call for skill demonstrations over a number of consecutive days were difficult to implement with part-time staff, who come in on irregular shifts.

5) Respondents were asked if they thought that aides enjoyed taking the course and if so why.

All respondents felt that aides enjoyed taking the course very much. The most often sited reasons are listed below.

- aides enjoyed the learning experience.

- aides become more aware of their importance to residents physical and emotional well-being.

- aides experience a boost in self-esteem once they complete the course and recieve formal recognition from Kelsey and their institution.

- aides appreciate knowing the explanations behind many of the tasks they perform.

6) Respondents were asked if they felt the Special Care Aide training benefitted the institution and if so, in what ways.

All respondents felt it was a benefit to the institution. The most often sited reasons are listed below.

- improved staff morale.

- improved quality of care for the residents.

- improved the amount and quality of communication between team members and leaders.

7) Respondents were asked if they thought the course was too long, too short or about right.

Two of three respondents felt the course was about right in length and the third felt it was a bit long.

8) Respondents were asked if they had any general comments they would like to add. The most often sited general comments are listed below.

- in general the course content and structure is very good.

- support from Kelsey staff was excellent.

- group sessions were particularly useful.

- experienced a somewhat difficult time getting the program started.

Section 4 Descriptive Information

Items 63-69 represent the demographic information collected from the respondents. The frequencies for both graduates and non-participants are combined and reported together. Therefore the frequencies reported here are most usefully interpreted as descriptive information concerning the population tested.

Item 63- concerning the number of workshops and inservice training programs aides have attended.

Training	Percent of aides
0	27.3
1-4	57.7
5 or more	13.0

Item 64 concerning the aides years of experience.

Experience	Percent of aides
2 years or less	12.5
2-5 years	38.8
5 or more years	48.7

Item 64 concerning level of formal education

Education	Percent of aides
Did not complete high school	42.0
Did complete high school	36.1
Post Secondary	21.9

Item 66 concerning the respondents age

Age	Percent of aides
Under 30 years	33.3
30-50 years	52.7
Over 50 years	14.0

Item 68 concerning the length of time it took to complete the 40 core modules.

Completion Time	Percent of aides
6 months or less	9.8
6-12 months	36.6
1-2 years	36.6
2 years or more	17.1

Item 69 concerning the length of time that has elapsed since aides have graduated from the course.

Elapsed Time	Percent of aides
6 months or less	7.3
6-12 months	31.7
1-2 years	34.1
2 years or more	26.8

Discussion

Section 1 of the results demonstrates unequivocally that graduates of the program are more knowledgeable on matters relating to the provision of personal care, the aging process and the philosophy of long term care, then are aides who have not been exposed to the program, as measured by a paper and pencil test of that knowledge. This difference in knowledge occurs even when aides' age, experience and education are controlled for in the analysis.

Clearly the Kelsey program has been successful in conveying this information to its graduates. And the fact that 61% of program graduates had completed the course one or more years ago indicates that aides have retained the knowledge. Moreover, results of the correlational analysis indicate that the aide's level of education is uncorrelated with their knowledge of course content, for the program graduate group. This suggests that the program is effectively educating the aides regardless of their prior level of formal education.

The results of section one are generally supported by various comments of program implementors in the qualitative data analysis section, such as the fact that all respondents thought this result concured with their own experience. Also that aides were more frequently noting and reporting changes in residents physical and emotional status and that aides had acquired a wholistic approach to resident care (meaning that aides were more likely to see a residents physical and emotional well being as one).

Section 1 also demonstrates unequivocally that program graduates have more positive attitudes towards the care teams in which they work. It should be noted here that in one instance during testing with a non-participating institution the aides were not familiar with the concept of care teams. This group was then informed that the questions were referring to the resident care staff with whom they worked.

The fact that respondents from the qualitative component of the study noted that staff morale was improved and that aides felt more a part of the care teams in which they work, provides additional support for this result.

Section 1 of the results also demonstrates that graduates attitudes towards the elderly are not any more or less positive than are non-participants. This would indicate that the Kelsey program has not succeeded in raising the degree of positive attitudes towards the elderly over and above the level of aides who have not participated in the Kelsey program. Although this finding should be considered tentative, since an abbreviated attitudinal measure was employed, there are nevertheless reasons for accepting the results at face value. The first is the computed reliability coefficient. Commonly published reliability estimates range from .60 to .90. While an estimate closer to the upper end of this range would obviously have been less equivocal,

the obtained value of .67 does indicate that the instrument was measuring a single dimension. In this case attitudes towards the elderly.

The second, and in this case more compelling reason for accepting the results, are the comments proffered by program implementors who work with these aides. All respondents indicated that they did not feel the aides attitudes towards the elderly were affected by the program. And all respondents commented that they believed this is because the aides in general have positive attitudes or they would not last long in the institutional setting. This latter comment is also supported by the results, in that the entire group of aides received an average score of 49 out of a possible 64 (.77). Meaning that, on average, 77% of the aides responses indicated a positive attitude.

Thus in view of the reliability analysis and the experience of program implementors, it is probable that the results obtained here are indicative of the actual situation.

In section 2, the frequency results, there are a number of noteworthy findings. Sub-section A items (1-5) for example, concerning social and emotional needs, the graduates outperformed non-participants but only by a slim margin (76.1% vs 73.78%). Because social and emotional needs is such a central focus of the Kelsey program, this result deserves closer inspection.

This narrow margin probably reflects at least three factors: 1)The inability of paper and pencil type tests to completely capture such abstract knowledge, 2)related to this is the fact that, while these items refer specifically to social and emotional needs, many other questions hinge on this concept less directly and these items are not included in the above averages, 3)there can be little doubt that this finding also reflects the fact that working aides, whether graduates of the program or not, are knowledgeable at least to some extent of residents social and emotional needs.

Also within sub-section A items 6-8, concerning resident care plans, the results provide notable support for a theme found repeatedly within the qualitative data section. Namely that aides are much better informed about the need for and benefits of personal care teams (of which resident care plans are apart).

Another notable result is the difference between the groups on sub-section E, concerning knowledge of the aging process (71.77% graduates vs 59% non-participants). These 7 questions (items 18-24) refer to specific biological changes which accompany aging. The results demonstrate clearly that graduates are better informed in this crucial knowledge area.

The frequency results from sub-section F, concerning the lon-term care philosophy (items 25-27), are also notable. Averaged across the 3 items, only 52% of graduates and 47% of non-participants responded correctly. Of course, all of the limitations referred to above regarding sub-section A apply equally here and in addition, it would have been desirable to have had more questions on this topic. It is not the overall low averages which are significant here, since this is primarily attributable to a single item (item 25, see pg. 11) indicating

that the question was either too difficult or ambiguous. Rather, it is the closeness of the average scores which suggest that non-participants are almost as well informed in this regard as graduates. And this is noteworthy since the long-term care philosophy is a central theme of the program.

Sub-section H, attitudes towards the care teams in which they work contains a number of interesting results. Item number 36 for example states: "The team leader rarely holds discussions with the care team before making decisions." 87.8% of the graduates disagreed with this statement vs 53.8% of non-participants. Item number 39 "The objectives of our care teams are clear." 95.1% of graduates vs 66.7% agreed. Similarly item number 40 states "There is regular review of the care teams objectives and priorities", here 82.9% of the graduates agreed vs 44.4% of the non-participants. Item number 45, "Team members are wary about suggesting new ideas." is particularly noteworthy as 82.9% of the graduates disagreed while only 46.7% of the non-participants disagreed.

Taken together, these results demonstrate clearly that aides who have participated in the Kelsey program are much more satisfied with their care teams.

On the other side of the coin, however, the responses to item 38, "I am given positive feedback on my performance as an aide at least once every two weeks" suggests that aides in the province, both graduates and non-participants are not receiving sufficient verbal reinforcement from team leaders. (Only 48.8% graduates and 33.3% non-participants agree with this statement).

Limitations

It is important that the reader be aware of potential alternative explanations for the findings reported here.

We will first briefly outline a general limitation which accompanies research of this type and then focus specifically on limitations of this study.

It is possible that those institutions who have participated in the program may in some ways be qualitatively distinct. They could for instance be generally more open to staff input and this in turn could contribute to aides satisfaction with their care team. The possibility of prior differences between groups represents a threat to the generalizability of results in all field research of this type. However, with differences of this magnitude, it is highly unlikely that the results can be attributable to prior differences between institutions. Particularly when one considers that these institutions were randomly selected from throughout the entire province.

There are also a number of considerations specific to these results. The first concerns the aides attitudes towards their care teams. It is possible that aides who have been through the program, and hence studied the goals of the care team approach to resident care, could have responded in terms of how a care team is supposed to function, rather than the way their particular team actually does function. Even though this alternative cannot be

ruled out, it seems less probable in view of the fact that each aide was read aloud instructions highlighting the confidentiality of their responses, and knew in advance that they would not be signing their questionnaires.

Also the finding that both groups of aides held positive attitudes towards the elderly. As was discussed earlier there are sound reasons for accepting these results. However, the reader should also be aware of the possibility that aides responses were influenced by the general tendency to respond to questions in a socially desireable manner. That is, since aides are people who work with the elderly and these questions were in fact answered within their working environment, it is possible that they selected responses indicating a positive attitude because they knew this was appropriate. Rather than because the answers expressed their true opinions.

This possibility seems improbable however, particularly in light of the comments elicited in the qualitative component of the study. All three program implementors expressed the opinion that aides in general possess positive attitudes or they would not last long in the institutional setting.

Recommendations

Greater Detail

Findings such as: the fact that aides enjoy the learning experience; knowing the explanation for tasks they perform; and that aides have successfully retained the knowledge over prolonged periods of time, suggests that the program could benefit from the incorporation of greater detail.

It is therefore recommended that an effort be made to include greater detail in the modules. Specifically, it is suggested that an effort be made to replace some repetition with greater detail. And thereby keep the program length as close to the original as possible, since it was generally noted that program length was about right.

Group Sessions

Findings such as: the fact that program graduates are particularly satisfied with their care teams (which necessitate group interaction); that communication improves in amount and quality between team members and team leaders; and that program implementors noted specifically that group sessions were particularly useful, suggest that group learning activities are particularly beneficial.

It is therefore suggested group learning activities be incorporated wherever possible. Although it is recognized that Kelsey supervisors have always encouraged group learning, it is recommended that various means of building such group learning experiences into the program guidelines, and/or ways to increase the emphasis on group learning during the training workshops, be explored.

Long Term Care Philosophy

The findings that program graduates and non-participants differed only marginally in terms of the internalization of this concept, suggest that the program could benefit from efforts to expand on and clarify this concept.

It is further recommended that, since this evaluation did not thoroughly test this knowledge, that a means of evaluating the concept be included in the ongoing evaluation procedures.

Positive Feedback

Since aides responses indicated a deficit in the amount of positive feedback they receive, it is suggested that program implementors be encouraged to rectify this, particularly in the care team approach to resident care component in the program.

Problems Getting Started

A number of program implementors noted that they had difficulty in the early stages with the aides motivation and enthusiasm to get started.

It is recommended that an effort be made to address this issue. Specifically by considering the initial modules and ways and means to assist program implementors in the initial stages.

Care Teams

One interesting result concerning care teams was the finding that only 66% of graduates felt that "...adequate time was spent reviewing what the care team does, how it works, and how to improve it". A useful addition to the program might therefore be the development of a formalized method of ongoing review of the care team functioning.

It is suggested that such an ongoing evaluation procedure would serve both to improve the quality of care provided and to heighten the aides sense of contribution and communication to care teams and care plans.

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APPENDIX A

The Special Care Aide Program

Evaluation Questionnaire

Purpose: We would like to ask you some questions about attitudes and beliefs relevant to the job of a Special Care Aide. The purpose of these questions is to determine how well the Special Care Aide Program meets the needs of the Special Care Aide.

The questionnaire will not be used to evaluate the individual Aide. Rather, questions will be used to evaluate the effectiveness of the Special Care Aide Program. For this reason, answers will be examined on the basis of group results. No one will be assigned an individual mark. Individual answers will be kept confidential.

Directions:

- Please do not put your name on the answer sheet.
- It is important that you answer all of the questions.
- Even if you don't think you know the answer, please indicate what you think would be the best answer.
- There is no time limit. Feel free to take as much time as you need.

Thank you for your participation!

The Special Care Aide Program
Evaluation Questionnaire

Record your answers on the answer sheet provided.

Mark: A TRUE B FALSE

Fill in space A when you think that the statement is TRUE.

A B C D E

Fill in space B when you think that the statement is FALSE.

A B C D E

A. We will first consider some of the ways that the Special Care Aide can assist the Resident in the Home. Indicate on the answer sheet whether each of the following statements is TRUE or FALSE.

1. A SPECIAL CARE AIDE CAN HELP MEET THE RESIDENTS LOVE AND BELONGING NEEDS BY ENCOURAGING THE RESIDENT TO TALK ABOUT CHEERFUL RATHER THAN SAD SUBJECTS.

2. THE MANNER IN WHICH A SPECIAL CARE AIDE BATHES A RESIDENT CAN HAVE AN EFFECT ON THE RESIDENTS SELF ESTEEM.

3. A SPECIAL CARE AIDE CAN HELP A RESIDENT KEEP HER ROLE AS MOTHER AND GRANDMOTHER BY HELPING THE RESIDENT ANSWER LETTERS TO HER FAMILY.

4. THE SPECIAL CARE AIDE CAN HELP RESIDENTS FIND NEW ROLES FOR THEMSELVES BY ENSURING THAT THE RESIDENT ATTENDS ALL ACTIVITIES.

5. THE SPECIAL CARE AIDE CAN HELP RESIDENTS FIND NEW ROLES FOR THEMSELVES BY ENCOURAGING THE RESIDENTS TO FORM A RESIDENT'S COUNCIL.

6. RESIDENT CARE PLANS SHOULD BE REFERRED TO TWICE A YEAR TO MAKE ADJUSTMENTS OR CHANGES.

7. PART OF AN AIDES RESPONSIBILITIES IS TO CONSIDER THE EFFECTIVENESS OF RESIDENT CARE PLANS.

8. THE STAFF AND THE RESIDENT THEMSELVES ARE THE ONLY IMPORTANT CONTRIBUTORS TO THE RESIDENT CARE PLAN.

B. The following statements refer to the procedures used during handwashing. Indicate for each statement whether the statement is TRUE or FALSE.

9. AFTER PERFORMING A DIRTY TASK THE HANDS AND FOREARMS SHOULD BE SOAPED AND RINSED ONCE.

10. WHEN SOAPING THE HANDS DURING HANDWASHING, THE HANDS SHOULD BE KEPT HIGHER THAN THE ELBOWS.

11. MICRO-ORGANISMS ARE MORE LIKELY TO GROW IN LIQUID SOAP THAN ON BAR SOAP.

C. The following statements refer to the procedures used when lifting a Resident. Indicate for each statement whether the statement is TRUE or FALSE.

12. WHEN LIFTING A RESIDENT WITH A MECHANICAL DEVICE, THE AIDE SHOULD MAINTAIN EYE CONTACT WITH THE RESIDENT.

13. WHEN LIFTING OR TRANSFERRING RESIDENTS THE AIDE SHOULD TWIST AT THE WAIST RATHER THAN MOVING THEIR FEET, TO AVOID SLIPPING.

14. FEET SHOULD BE KEPT CLOSE TOGETHER WHEN LIFTING A RESIDENT.

D. Medical abbreviations are often used on a Resident's chart. Indicate whether the following statements are TRUE or FALSE.

15. PRN MEANS "AS NECESSARY."

16. q2L MEANS "TWICE A DAY."

17. Tid MEANS "FOUR TIMES A DAY."

E. Next, we will consider some of the physical changes that the Resident might experience and some of the ways in which the Special Care Aide may give nursing care. Indicate for each of the following statements whether the statement is TRUE or FALSE.

18. IN THE PROCESS OF NORMAL AGING, THE BLADDER USUALLY HOLDS LESS.

19. IN THE PROCESS OF NORMAL AGING, THERE IS USUALLY DECREASED MENTAL CAPACITIES.

20. CONSTIPATION MAY BE A SIGN THAT THE RESIDENT IS DEHYDRATED.

21. CONFUSION MAY BE A SIGN THAT THE RESIDENT IS DEHYDRATED.

22. FLUID INTAKE SHOULD BE REDUCED AFTER 1700 HOURS TO PREVENT INCONTINENCE.

23. TO ENSURE THAT THERE HAS BEEN ADEQUATE FLUID INTAKE, THE MOST IMPORTANT THING THE AIDE SHOULD DO IS ASK THE RESIDENT WHAT HIS FLUID INTAKE WAS AT THE END OF HER SHIFT.

24. IN THE PROCESS OF NORMAL AGING THE SENSE OF TASTE IS REDUCED, ESPECIALLY FOR SUGAR AND SALT.

F. The following statements refer to the philosophy of long-term care. Indicate whether each of the following statements are TRUE or FALSE.

25. THE MAIN OBJECTIVE OF LONG-TERM CARE IS TO MAINTAIN THE RESIDENT'S PRESENT LEVEL OF FUNCTIONING.

26. LONG-TERM CARE SHOULD PLACE EMPHASIS ON THE DISABILITIES OF THE RESIDENT.

27. ONE OBJECTIVE OF LONG-TERM CARE IS TO PROVIDE A RELAXING ENVIRONMENT BY ENCOURAGING RESIDENTS TO LET OTHERS TAKE CARE OF THEM.

We are now going to ask some questions that require you to answer whether you AGREE or DISAGREE.

Marks: A Agree B Disagree

Fill in space A when you AGREE with the statement.

A B C D E

Fill in space B when you DISAGREE with the statement.

A B C D E

G. The Special Care Aide deals with many different situations in the Home. In this section, some of the situations that may occur in the Home are described. Underneath each situation is a statement or set of statements. Given the situation described, indicate for each statement whether you AGREE or DISAGREE.

There is a shortage of linen on weekend holidays in a Special Care Home.

28. THE AIDE SHOULD TALK TO LAUNDRY ABOUT THIS PROBLEM.

29. THE AIDE SHOULD DISCUSS THE PROBLEM WITH THE ADMINISTRATOR.

A Special Care Aide happens to meet the daughter of Resident Mr. B. on the bus. The daughter is very concerned about the progress of her father.

30. THE SPECIAL CARE AIDE SHOULD TAKE THIS OPPORTUNITY TO DISCUSS THE PROGRESS OF MR. B. WITH HIS DAUGHTER.

Resident Mr. B. has just had a stroke. He tells the Aide that he is concerned about not being able to use his right arm again.

31. THE AIDE SHOULD REASSURE MR. B. THAT EVERYTHING WILL BE O.K.

Mrs. C. is a happy, well adjusted Resident in good health. The Special Care Aide has just been informed that a death has occurred in Mrs. C's family. Mrs. C's family is afraid that if Mrs. C. is told of the death that she would become depressed.

32. THE SPECIAL CARE AIDE SHOULD RECOMMEND THAT MRS. C. BE INFORMED THAT A MEMBER OF HER FAMILY HAS DIED.

Resident Mr. B. has just recently become concerned about dying. Mr. B. is in good health and there is little danger of him dying at the present time.

33. THE AIDE SHOULD DISCUSS WITH MR. B. ANY CONCERNS THAT HE MIGHT HAVE ABOUT DYING.

Resident Mr. E. is able to eat on his own but he eats very slowly. Dinner time is almost over and Mr. E. is only half way through his dinner.

34. THE AIDE SHOULD HELP MR. E. FINISH HIS DINNER.

H. The following statements describe some of the different ways a care team can interact. Mark AGREE if you think that the statement generally applies to the care team you work in. Mark DISAGREE if you think that the statement generally does not apply to the care team you work in.

35. A LOT OF NEW IDEAS ARE GENERATED BY OUR CARE TEAM.

36. THE TEAM LEADER RARELY HOLDS DISCUSSIONS WITH THE CARE TEAM BEFORE MAKING DECISIONS.

37. THERE IS GOOD COMMUNICATION BETWEEN TEAM MEMBERS.

38. I AM GIVEN POSITIVE FEEDBACK ON MY PERFORMANCE AS AN AIDE AT LEAST ONCE EVERY TWO WEEKS.

39. THE OBJECTIVES OF OUR CARE TEAM ARE CLEAR.

40. THERE IS REGULAR REVIEW OF THE CARE TEAMS OBJECTIVES AND PRIORITIES.

41. OUR CARE TEAM MEETINGS SEEM WELL ORGANIZED.

42. ADEQUATE TIME IS SPENT ON REVIEWING WHAT THE CARE TEAM DOES, HOW IT WORKS, AND HOW TO IMPROVE IT.

43. I FEEL A STRONG SENSE OF BELONGING TO THE CARE TEAM.

44. TEAM MEETINGS USUALLY RESOLVE ISSUES SATISFACTORILY.

45. TEAM MEMBERS ARE WARY ABOUT SUGGESTING NEW IDEAS.

46. I FEEL THAT MY CONTRIBUTIONS TO THE CARE TEAM ARE APPRECIATED.

I. This section of the questionnaire deals with a series of statements about old people. For each statement please indicate HOW MUCH you AGREE or DISAGREE with each statement by marking on the answer sheet:

A	B	C	D
agree	slightly agree	slightly disagree	disagree

47. MOST OLD PEOPLE ARE REALLY NO DIFFERENT FROM ANYBODY ELSE: THEY'RE AS EASY TO UNDERSTAND AS YOUNGER PEOPLE.

48. MOST OLD PEOPLE ARE CAPABLE OF NEW ADJUSTMENTS WHEN THE SITUATION DEMANDS IT.

49. MOST OLD PEOPLE MAKE ONE FEEL ILL AT EASE.

50. ONE OF THE MORE INTERESTING QUALITIES OF MOST OLD PEOPLE IS THEIR ACCOUNTS OF THEIR PAST EXPERIENCES.

51. IF OLD PEOPLE EXPECT TO BE LIKED, THEIR FIRST STEP IS TO TRY TO GET RID OF THEIR IRRITATING FAULTS.

52. MOST OLD PEOPLE ARE IRRITABLE, GROUCHY AND UNPLEASANT.

53. ONE SELDOM HEARS OLD PEOPLE COMPLAINING ABOUT THE BEHAVIOR OF THE YOUNGER GENERATION.

54. MOST OLD PEOPLE MAKE EXCESSIVE DEMANDS FOR LOVE AND REASSURANCE.

55. THERE IS SOMETHING DIFFERENT ABOUT MOST OLD PEOPLE; IT'S HARD TO FIGURE OUT WHAT MAKES THEM TICK.

56. MOST OLD PEOPLE GET SET IN THEIR WAYS AND ARE UNABLE TO CHANGE.

57. MOST OLD PEOPLE ARE VERY RELAXING TO BE WITH.

58. MOST OLD PEOPLE BORE OTHERS BY THEIR INSISTENCE ON TALKING ABOUT THE "GOOD OLD DAYS."

59. WHEN YOU THINK ABOUT IT, OLD PEOPLE HAVE THE SAME FAULTS AS ANYBODY ELSE.

60. MOST OLD PEOPLE ARE CHEERFUL, AGREEABLE, AND GOOD HUMORED.

61. MOST OLD PEOPLE ARE CONSTANTLY COMPLAINING ABOUT THE BEHAVIOR OF THE YOUNGER GENERATION.

62. MOST OLD PEOPLE NEED NO MORE LOVE AND REASSURANCE THAN ANYONE ELSE.

J. Finally, we would like to ask you a few questions about yourself that would help us interpret the results. Please record your answers by filling in the appropriate space on the answer sheet.

63. APPROXIMATELY HOW MANY WORKSHOPS OR INSERVICE PROGRAMS THAT RELATE TO YOUR JOB AS A SPECIAL CARE AIDE HAVE YOU ATTENDED IN THE PAST TWO YEARS?

(A) zero
(B) one to four
(C) five or more

64. APPROXIMATELY HOW MANY YEARS HAVE YOU WORKED IN A SPECIAL CARE SETTING?

(A) less than 1 year
(B) 1 year to 2 years
(C) 2 years to 5 years
(D) 5 years to 10 years
(E) 10 years or more

65. PLEASE INDICATE YOUR LEVEL OF FORMAL EDUCATION.

(A) completed Grade 8 or less
(B) completed Grade 9 or more
but did not receive high school diploma
(C) received high school diploma
(D) completed some institute or university courses
(E) institute diploma

66. PLEASE INDICATE YOUR AGE BY CHOOSING THE APPROPRIATE CATEGORY:

(A) under 30 years
(B) 30 to 50 years
(C) more than 50 years

67. HAVE YOU COMPLETED THE SPECIAL CARE AIDE PROGRAM OFFERED BY KELSEY INSTITUTE?

(A) No → You have finished the questionnaire and may now hand it in - thank you.
(B) Yes ↓

68. APPROXIMATELY HOW LONG DID IT TAKE YOU TO COMPLETE THE 40 CORE MODULES?

(A) less than 6 months
(B) 6 months to 1 year
(C) 1 year to 2 years
(D) more than 2 years

69. APPROXIMATELY HOW MUCH TIME HAS PASSED SINCE YOU COMPLETED THE 40 CORE MODULES?

(A) less than 6 months
(B) 6 months to 1 year
(C) 1 year to 2 years
(D) more than 2 years

YOU HAVE FINISHED THE QUESTIONNAIRE AND MAY NOW HAND IT IN.

THANK YOU.

APPENDIX B

CRITERIA

1. Administrative Support:
   Learning activities which take place while the Aide is working (paid-time):

   HRS./MO.: 0 1 2 3 4 5 6 7 8

2. Group learning activities with instructor present:

   HRS./MO.: 0 1 2 3 4 5 6 7 8

3. Time instructor has formally set aside for evaluations:

   Number of evaluation sessions,
   PER STUDENT/
   PER MONTH: 0 1 2 3 4 5 6 7 8

4. The number of resource persons brought in from outside the department or facility:

   PER YEAR: 0 1 2 3 4 5 6 7 8

5. Number of occassions on which A.V. Resources are utilized:

   PER YEAR: 0 1 2 3 4 5 6 7 8

6. Do you keep a written record of individual students progress:

   YES or NO

Appendix C QUESTIONNAIRE DEVELOPMENT

Pilot Testing

The most formidable barrier to accurately assessing the impact of the Kelsey institute program is the difficulty inherent in trying to measure such abstract concepts as "knowledge of emotional needs" and "attitudes". It was for this reason that much emphasis was placed on the questionnaire design phase of the evaluation. To this end two seperate pilot tests were conducted and the results used to revise the questionnaire.

The first pilot test employed a sample of ten aides who had completed the Kelsey program and ten aides from a separate institution who had no exposure to the program. Although an Analysis of Variance Statistical Test revealed that the instrument was marginally successful, it was decided that some improvement was necessary. Revision of the original questionnaire was based on the following criteria:

1. The findings of the item frequency analysis. Specifically to re-word and/or replace items which were either too easy or too difficult.

2. Re-examination of the face validity of each item. To improve the extent to which the respondents understanding of the question reflects the intended meaning of the question.

3. Re-examination of item relevance. To examine each item in coordination with program supervisors to improve the extent to which items reflected important and relevant topics covered within the forty core modules.

This revised version was then pilot tested a second time. The primary goal of this pilot test was to approximate as closely as possible the conditions we had planned for the actual evaluation. Thus questionnaires were completed by aides with myself or Kelsey staff present, instructions were read aloud and testing was done in groups within the institution. Also aides were from both rural and urban institutions. Thus we tested four graduates and three non-graduates from a rural institution and three graduates and three non-graduates from an urban institution. And finally we included an open ended question period following completion of the questionnaire. At this time correct answers were provided and aides were asked their general impressions for each item. The question period provided useful feedback as well as an opportunity for aides to express opinions, and querry instructors as to the reasoning behind specific questions.

Results of the second pilot were again statistically significant. That is, program graduates performed, on average,

better than non-graduates and this difference was statistically significant ($p < .01$) on both sections 1 and 2 of the questionnaire.

Note: Results of section 3 (attitudes toward the elderly) were not included in the analysis for either pilot test because correct responses were unavailable at the time of testing.

Thus the final draft of the questionnaire included in this report (see appendix A) was based on revisions derived from the two pilot tests.